| Fill | in this information to identify your case:   |  |                         |                                       |   |
|------|--|--|-------------------------|---------------------------------------|---|
| Del  | otor 1 Benjamin N Brown, Sr.   |  | Check i                 | f this is:                            |   |
| Dal  |  |  |                         | amended filing                        |   |
|      | otor 2ouse, if filing)   |  |                         |                                       | ring postpetition chapter the following date: |
| Lini | tad States Penkruptay Court for the: EASTEDN DISTRICT OF DENING  | :VI V/ANIIA  | - NA                    | M / DD / YYYY                         |   |
| Oni  | ted States Bankruptcy Court for the: EASTERN DISTRICT OF PENNS   | OT LVAINIA   | IVII                    | אוי / טט / זו זו                      |   |
|      | ee number (nown) 17-11430-mdc  |  |                         |                                       |   |
| 0    | fficial Form 106J  |  |                         |                                       |   |
| S    | chedule J: Your Expenses AMENDE  | D  |                         |                                       | 12/1  |
| inf  | as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | re filing together, both ar<br>form. On the top of any a   | re equally<br>additiona | y responsible fo<br>al pages, write y | r supplying correct<br>our name and case      |
|      | rt 1: Describe Your Household  |  |                         |                                       |   |
| 1.   | Is this a joint case?  ✓ No. Go to line 2.   |  |                         |                                       |   |
|      | Yes. Does Debtor 2 live in a separate household?   | Live in a separate household?  2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  Ints? No  Yes. Fill out this information for each dependent |                         |                                       |   |
|      | <ul><li>No</li><li>Yes. Debtor 2 must file Official Form 106J-2, Expenses</li></ul>  | s for Separate Household   | of Debtor               | 2.                                    |   |
| 2.   | Do you have dependents? ₩ No   |  |                         |                                       |   |
|      | Do not list Debtor 1 and Yes. Fill out this information for  |  | p to                    |                                       |   |
|      | Do not state the   |  |                         |                                       | ☐ No  |
|      | dependents names.  |  |                         |                                       |   |
|      |  |  |                         |                                       | =   |
|      |  |  |                         |                                       | =   |
|      |  |  |                         |                                       | =   |
|      |  |  |                         |                                       |   |
| 3.   |  |  |                         |                                       |   |
| Po   | rt 2: Estimate Your Ongoing Monthly Expenses   |  |                         |                                       |   |
| Es   |  |  |                         |                                       |   |
| Inc  | lude expenses paid for with non-cash government assistance i   | f vou know   |                         |                                       |   |
| the  | e value of such assistance and have included it on Schedule I: )   |  |                         | Your expe                             | anooo   |
| (Oi  | fficial Form 106l.)  |  |                         | Tour expe                             | 11562   |
| 4.   | The rental or home ownership expenses for your residence. I payments and any rent for the ground or lot.   | nclude first mortgage  | 4. \$                   |                                       | 820.00  |
|      | If not included in line 4:   |  |                         |                                       |   |
|      | 4a. Real estate taxes  |  | 4a. \$                  |                                       | 0.00  |
|      | 4b. Property, homeowner's, or renter's insurance   |  | 4b. \$                  |                                       | 0.00  |
|      | 4c. Home maintenance, repair, and upkeep expenses  |  | 4c. \$                  |                                       | 0.00  |
| F    | 4d. Homeowner's association or condominium dues  | mo aquity lacas  | 4d. \$ _                |                                       | 0.00  |
| 5.   | Additional mortgage payments for your residence, such as ho  | me equity loans  | 5. \$                   |                                       | 0.00  |

## 

| Deb | tor 1         | Benjamin N Brown, Sr.   | Case num                    | ber (if known)              | 17-11430-mdc                  |
|-----|---------------|---|-----------------------------|-----------------------------|-------------------------------|
| •   |               |   |                             |                             |                               |
| 6.  | Utilit<br>6a. | ies: Electricity, heat, natural gas   | 6a.                         | \$                          | 155.00                        |
|     | 6b.           | Water, sewer, garbage collection  | 6b.                         |                             | 57.00                         |
|     | 6c.           | Telephone, cell phone, Internet, satellite, and cable services  | 6c.                         |                             | 195.00                        |
|     | 6d.           | Other. Specify:   | 6d.                         | ·                           | 0.00                          |
| 7.  |               | I and housekeeping supplies   | 7.                          |                             | 250.00                        |
| 8.  |               | dcare and children's education costs  | 8.                          | \$                          | 0.00                          |
| 9.  |               | ning, laundry, and dry cleaning   | 9.                          | \$                          | 20.00                         |
|     |               | onal care products and services   | 10.                         | ·                           | 25.00                         |
|     |               | cal and dental expenses   | 11.                         | · -                         | 55.00                         |
|     |               | sportation. Include gas, maintenance, bus or train fare.  |                             | Ψ                           | 33.00                         |
| 12. |               | ot include car payments.  | 12.                         | \$                          | 60.00                         |
| 13. |               | rtainment, clubs, recreation, newspapers, magazines, and books  | 13.                         | \$                          | 0.00                          |
|     |               | itable contributions and religious donations  | 14.                         | · -                         | 0.00                          |
|     |               | rance.  |                             | · —                         |                               |
|     | Do no         | ot include insurance deducted from your pay or included in lines 4 or 20.   |                             |                             |                               |
|     | 15a.          | Life insurance  | 15a.                        | \$                          | 0.00                          |
|     | 15b.          | Health insurance  | 15b.                        | \$                          | 0.00                          |
|     | 15c.          | Vehicle insurance   | 15c.                        | \$                          | 0.00                          |
|     | 15d.          | Other insurance. Specify:   | 15d.                        | \$                          | 0.00                          |
| 16. | Taxe          | s. Do not include taxes deducted from your pay or included in lines 4 or 20.  |                             |                             |                               |
|     | Spec          | ify:  | 16.                         | \$                          | 0.00                          |
| 17. |               | Ilment or lease payments:   |                             |                             |                               |
|     | 17a.          | Car payments for Vehicle 1  | 17a.                        | \$                          | 0.00                          |
|     | 17b.          | Car payments for Vehicle 2  | 17b.                        | \$                          | 0.00                          |
|     | 17c.          | Other. Specify:   | 17c.                        | \$                          | 0.00                          |
|     | 17d.          | Other. Specify:   | 17d.                        | \$                          | 0.00                          |
| 18. |               | payments of alimony, maintenance, and support that you did not report as  |                             |                             | 0.00                          |
|     |               | icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.                         |                             | 0.00                          |
| 19. |               | r payments you make to support others who do not live with you.   |                             | \$                          | 0.00                          |
|     | Spec          |   | 19.                         | _                           |                               |
| 20. |               | r real property expenses not included in lines 4 or 5 of this form or on Scho   |                             |                             | 0.00                          |
|     |               | Mortgages on other property   | 20a.                        | ·                           | 0.00                          |
|     |               | Real estate taxes   | 20b.                        |                             | 0.00                          |
|     |               | Property, homeowner's, or renter's insurance  | 20c.                        |                             | 0.00                          |
|     |               | Maintenance, repair, and upkeep expenses  | 20d.                        | ·                           | 0.00                          |
|     |               | Homeowner's association or condominium dues   | 20e.                        |                             | 0.00                          |
| 21. | Othe          | r: Specify:   | 21.                         | +\$                         | 0.00                          |
| 22. | Calc          | ulate your monthly expenses   |                             |                             |                               |
|     |               | Add lines 4 through 21.   |                             | \$                          | 1,637.00                      |
|     |               | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |                             | \$                          | 1,001.00                      |
|     |               |   |                             | \$                          | 1 627 00                      |
|     | 220.          | Add line 22a and 22b. The result is your monthly expenses.  |                             | Φ                           | 1,637.00                      |
| 23. | Calc          | ulate your monthly net income.  |                             |                             |                               |
|     | 23a.          | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.                        | \$                          | 2,579.97                      |
|     | 23b.          | Copy your monthly expenses from line 22c above.   | 23b.                        | -\$                         | 1,637.00                      |
|     |               |   |                             |                             |                               |
|     | 23c.          | Subtract your monthly expenses from your monthly income.  | 220                         | œ.                          | 942.97                        |
|     |               | The result is your monthly net income.  | 23c.                        | \$                          | 372.31                        |
| 24. | For ex        | ou expect an increase or decrease in your expenses within the year after you can be you expect to finish paying for your car loan within the year or do you expect you ication to the terms of your mortgage? | ou file this<br>ır mortgage | s form?<br>payment to incre | ease or decrease because of a |
|     |               | es. Explain here:   |                             |                             |                               |
|     |               | Co  |                             |                             |                               |